Supporting Statement for OMB Clearance for the Study of Non-Response to the School Meals Application Verification Process

Appendix 35

Verification Data Request Pre-Visit Telephone Protocol

SCHOOL MEAL APPLICATION STUDY

VERIFICATION DATA REQUEST PRE-VISIT TELEPHONE PROTOCOL

RECRUITER: PLEASE FILL IN THIS INFORMATION BEFORE CALLING THE SFA. THIS INFORMATION IS AVAILABLE IN THE SHAREPOINT TRACKER.

SFA Name: _____

SFA ID #: _____

Respondent's Name: _____

Respondent's Title: _____

Respondent's Telephone Number: (|__|__|__|) |__|__|__| - |__|__|__|__|

Respondent's Cell Phone Number: (|__|__|__|) |__|__|__| - |__|__|__|__|

RECRUITER: FILL IN PROPOSED DATES FROM SHAREPOINT TRACKER	RECRUITER: FILL IN THIS BOX WHEN CALL IS COMPLETE
Tentative: |__|__| / |__|__| / |__|__|__|__| Back-up: |__|__| / |__|__| / |__|__|__|__|	☐ TENTATIVE ☐ NEED TO RESCHEDULE ☐ FINAL CONFIRMED |__|__| / |__|__| / |__|__|__|__| ARRIVAL TIME: |__|__| : |__|__|

Hello, my name is _____ from Mathematica Policy Research. Recently, you spoke with me about the FNS School Meal Application Study. A couple weeks ago I sent (you/the SFA director) the Verification Data Request Form – this outlines all of the administrative data we need for your school meals verification sample file. We understand that (you were/the SFA Director was) unable to provide an electronic version of the file for all of the requested data, so I'm calling to arrange a visit to your district to collect the information we need to move forward with the study.

May I please speak with [RESPONDENT] regarding this study visit?

IF RESPONDENT IS AVAILABLE, CALLER: CONTINUE WITH INTRO1.

IF RESPONDENT NOT AVAILABLE TO TALK, MAKE AN APPOINTMENT TO CALL BACK.

 Date: |__|__| / |__|__| / |__|__|__|__|
          Month   Day   Year

 Time: |__|__| : |__|__| AM / PM

Thank you. I will call you back [INSERT DATE AND TIME RECORDED ABOVE] to discuss this study.

INTRO1. **I would like to schedule a date and time to visit your district and collect the data that we require for this study. We would like to conduct our visit on [DATE]. Is [DATE] a good day for you?**

    IF YES.   **What time is best?**

           RECORD TIME: |__|__| : |__|__|

    IF NO.   **That's ok. We understand you do have a busy schedule, so let's see if we can find another date. Please remember, we are trying to visit your district between [DATE] to [DATE]. Is there another date in this window that would work for you?**

           RECORD DATE: |__|__| / |__|__| / |__|__|__|__|

           What is the earliest time we can arrive for our visit?

           RECORD TIME: |__|__| : |__|__|

    ₁ ☐   DATES CONFIRMED **(GO TO THE DATA COLLECTION PROCESS TABLE)**

    ₂ ☐   DON'T KNOW BEST DATE/TIME OR NEED TO RESCHEDULE **(SKIP TO INTRO2)**

INTRO2. **I will call you back in a few days with dates for our visit to your district. Are there specific dates that we should avoid when scheduling the visit?**

    ₁ ☐   YES **(END CALL)**

        SPECIFY DATES:

        _____

        _____

    ₂ ☐   NO **(END CALL)**

DATA COLLECTION PROCESS TABLE INSTRUCTIONS.

Now we are going to walk through the data that we will need to collect when we are at your school district. As we walk through each of the data elements you can tell me if you can provide an electronic file or if you will need to provide me with hard copy applications so that I can record the data manually.

DATA COLLECTION PROCESS TABLE.

ASK THE SFA DIRECTOR FOR DETAILS ON WHAT MATERIALS WILL BE NEEDED TO COLLECT THE NECESSARY DATA. ASK ABOUT EACH CATEGORY TO GET A SENSE OF HOW MUCH DATA ABSTRACTION WILL NEED TO OCCUR.

DATA DESCRIPTION	DESCRIPTION OF DATA COLLECTION PROCESS (PLEASE WRITE A DESCRIPTION OF HOW THESE DATA VARIABLES WILL BE COLLECTED ONSITE)
1. ***Background information on households selected for verification:*** Household ID, or other unique household identifier, if available. If no identifier is available, please assign a unique number to each household on the file.	
2. Household size (number of people living in the household at the time application was completed)	
3. Household monthly income at the time of application	
4. Number of students in household enrolled at the time the verification sample was selected	
5. Name(s) of student (s) in household	
6. School(s) of student (s) in household	
7. Grade level(s) of student(s) in household	
8. A variable to indicate if the student is a foster child (yes/no, y/n, 1/2, etc.)	
9. A variable to indicate whether or not the student is still enrolled in the school (yes/no, y/n, 1/2, etc.).	
Information related to the original application for school meal benefits:	
10. District's initial determination of eligibility status (free, reduced-price, paid, not recorded)	
11. A variable to indicate whether household was certified for free meals by application based on categorical eligibility (participation in SNAP, TANF, or FDPIR) (yes/no, y/n, 1/2, etc.)	
12. A variable to indicate whether household was certified for school meal benefits based on household income reported on the application (yes/no, y/n, 1/2, etc.)	
Information related to verification process:	
13. A variable to indicate whether application was selected for cause (yes/no, y/n, 1/2, etc.)	

DATA DESCRIPTION	DESCRIPTION OF DATA COLLECTION PROCESS (PLEASE WRITE A DESCRIPTION OF HOW THESE DATA VARIABLES WILL BE COLLECTED ONSITE)
14. Result of verification process (no change, free to reduced-price, free to paid, reduced-price to free, reduced-price to paid, missing)	
15. If there was a change in benefits after verification, reason for change in benefits (change in income eligibility, household income, change in SNAP/TANF/FDPIR participation, refusal to cooperate, no response, other (please specify), missing)	
16. A variable to indicate whether application was directly verified (direct verification allows districts to use records from public agencies to verify income or program participation) (yes/no, y/n, 1/2, etc.)	
Locating information: 17. Parent/Guardian1 First Name 18. Parent/Guardian1 Last Name 19. Parent/Guardian1 Street Address, Line 1 20. Parent/Guardian1 Street Address, Line 2 21. Parent/Guardian1 City of Residence 22. Parent/Guardian1 State of Residence (2 letter code e.g. NJ, PA, TX, etc.) 23. Parent/Guardian1 Zip Code (5 digits) 24. Parent/Guardian1 Home Telephone Number (10 digits) 25. Parent/Guardian1 Cell Telephone Number (10 digits) 26. Parent/Guardian1 Work Telephone Number (10 digits + extension, if applicable) 27. Parent/Guardian1 Email Address 28. Parent/Guardian Language1 (English/Spanish/Other (please specify)) 29. Parent/Guardian2 First Name 30. Parent/Guardian2 Last Name 31. Parent/Guardian2 Street Address, Line 1 32. Parent/Guardian2 Street Address, Line 2 33. Parent/Guardian2 State of Residence 34. Parent/Guardian 2 City of Residence 35. Parent/Guardian2 Zip Code (5 digits) 36. Parent/Guardian2 Home Telephone Number (10 digits) 37. Parent/Guardian2 Cell Telephone Number (10 digits) 38. Parent/Guardian2 Work Telephone Number (10 digits + extension, if applicable) 39. Parent/Guardian2 Email Address	

DATA DESCRIPTION	DESCRIPTION OF DATA COLLECTION PROCESS (PLEASE WRITE A DESCRIPTION OF HOW THESE DATA VARIABLES WILL BE COLLECTED ONSITE)
40. Parent/Guardian Language2 (English/Spanish/Other (please specify))	

Now I just need to ask a few details about the logistics of our visit on [DATE].

LOCATION OF DATA COLLECTION. What is the address of the place where the data collector should go to collect these data?

_____

_____

_____

ENTRY PROCEDURES. Are there any school entry protocols for visitors (e.g., sign in at front desk, get a visitors pass, ask for a specific person)?

_____

PARKING. Where can our data collectors park when they visit you?

_____

SECURITY. We will send you an email confirming the name of the data collector who will be visiting your district to collect the data for the study. All data collectors are required to pass a sterling security clearance as a requirement of being hired at Mathematica.

_____

<u>NEEDED VARIABLES</u>

For your convenience, I'll send you a list of variables we just talked about.

<u>CLOSING</u>

Thank you very much for your time – we look forward to our in-person visit at your school district on DAY, DATE at TIME.